



NEEDHAM PARK AND RECREATION COMMISSION

Public Services Administration Building
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Director
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MEDICAL INFORMATION

Needham Park and Recreation Programs: 2012

The Needham Park and Recreation Commission and Needham Board of Health created an agreement in 2001 that would permit the Commission's staff members to **monitor the use of inhalers and administer an Epi-Pen** to a program participant.

What staff will be trained?

All staff members at Mini-Evergreen, Kidzart, Cricketeer Adventure, Summer Playground, Kids off Broadway, Sports Specialties, Outdoor Living Adventure, Youth Tennis and Kids Night Out will be trained in Red Cross First Aid, CPR, and the administration of Epi-Pens.

If your child is attending a program NOT listed above, **at least two weeks** notice is required, in order for that staff to be trained.

Who will do the training?

Dr. Alan Stern, a Needham pediatrician and a member of the Board of Health provides training to the Park and Recreation staff annually, as part of their mandatory Program Counselor training. As of 2011, Epi-pen and Inhaler training is also a required section of the Red Cross CPR/ First Aid training attended by certified members of the Program Staff.

How will the Epi-Pens and inhalers be stored?

One staff member will hold the Epi-Pen(s) and inhaler(s) in a waist pouch. That staff person will always be in close proximity to the children who need access to the medication.

What can parents do to assist with the training?

Dr. Stern will provide the official training. It will be important for parents to provide as much information as possible, so that the staff knows how to prevent situations leading to the need for medication, and to understand each individual child's warning signs. The Program Director should be notified if any treatment was done prior to attendance that may affect when the child can receive further treatment.

SPECIAL NOTES:

- The Park and Recreation staff will not administer ANY other type of medication to participants, including Benadryl and aspirin.
- ALL Epi-Pens and Inhalers must be clearly labeled with the child's name and parent emergency contact information.
- The expiration date must fall beyond the last day of attendance at the program. ***Don't forget to pick it up!***
- ALL Epi-Pens and Inhalers must be signed in AND out with the child **daily** while attending a Park and Recreation summer program. There is not proper overnight storage available at any program.
- Return completed form to Park and Recreation Department, 500 Dedham Avenue, Needham, MA 02492. Copies will be provided to each program.

PERMISSION FORM FOR INHALERS OR EPI-PENS

Name of Participant: _____ Age: _____

Parent Name AND Emergency Phone Number: _____

Please circle: **INHALER** **EPI-PEN** *SPECIFIC DIRECTIONS FOR USE FROM DOCTOR MUST BE SUBMITTED WITH THIS FORM*

Name of Program: _____ Date(s) attending: _____

A. Reason Inhaler/Epi-Pen is needed:

B. Please list warning specific or unique signs that staff should watch for that would indicate need to use Inhaler/Epi-Pen:

C. Who should be contacted if treatment is deemed necessary? *PLEASE NOTE: WHEN AN EPI-PEN IS USED, "911" WILL BE CONTACTED AUTOMATICALLY.*

EPI-PEN PERMISSION

- I give permission for the Park and Recreation Staff to administer an Epi-Pen to my child.
- I understand that the medication will be given and 911 contacted prior to the staff contacting me.
- I have provided doctor's written directions with this form, and will provide properly labeled and dated medication on the first day of the program.
- I have read and understand the Medical Information provided with this form.

INHALER PERMISSION:

- I give permission for the Park and Recreation Staff to monitor the use of my child's inhaler.
- I understand that I will be contacted when use is necessary, and that the staff may need to contact 911 under certain circumstances.
- I have provided doctor's written directions with this form, and will provide properly labeled and dated medication on the first day of the program.
- I have read and understand the Medical Information provided with this form.

Parent/Guardian Signature: _____ Date: _____